

## SECTION E. MEDICAL HISTORY

This next section is about certain diseases, conditions, and surgeries you may have had. These questions refer to your entire life before (REFERENCE DATE).

<b>E1.</b> Before (REFERENCE DATE), did a doctor ever tell you that you had (CONDITION)?	<b>E2.</b> In what year did a doctor first tell you that you had (CONDITION)?	<b>E3.</b> For this condition, have you ever been hospitalized, had surgery, or been prescribed medication? (CIRCLE ALL THAT APPLY)
<b>a. Hypertension or high blood pressure or fluid retention</b>  YES ..... 1 NO ..... 2 (E1b)	19  __ __  YEAR	HOSPITALIZED ..... 1 (E1b) SURGERY ..... 2 (E1b) PRESCRIBED MEDICATION ..... 3 NO TREATMENT ..... 4 (E1b)
<b>b. Diabetes, sugar diabetes, or high blood sugar</b>  YES ..... 1 NO ..... 2 (E1c)	19  __ __  YEAR	HOSPITALIZED ..... 1 (E1c) SURGERY ..... 2 (E1c) PRESCRIBED MEDICATION ..... 3 NO TREATMENT ..... 4 (E1c)
<b>c. High cholesterol</b>  YES ..... 1 NO ..... 2 (E1d)	19  __ __  YEAR	HOSPITALIZED ..... 1 (E1d) SURGERY ..... 2 (E1d) PRESCRIBED MEDICATION ..... 3 NO TREATMENT ..... 4 (E1d)
<b>d. Migraine headaches</b>  YES ..... 1 NO ..... 2 (E1e)	19  __ __  YEAR	HOSPITALIZED ..... 1 (E1e) SURGERY ..... 2 (E1e) PRESCRIBED MEDICATION ..... 3 NO TREATMENT ..... 4 (E1e)

<p align="center"><b>E4.</b></p> <p>Here is a group of some prescription medications taken for (CONDITION). Thinking of these drugs as a group, before (REFERENCE DATE), did you take any of them at least once a week for 3 months or longer?</p>	<p align="center"><b>E5.</b></p> <p>Which of these medications did you take?</p>	<p align="center"><b>E6.</b></p> <p>When did you <u>start</u> taking (MEDICATION) regularly?</p>	<p align="center"><b>E7.</b></p> <p>For how many weeks, months, or years, in total <u>did you take (MEDICATION)</u> on a regular basis?</p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW CARD E4a</div> <p>YES ..... 1</p> <p>NO ..... 2 (E1b)</p>	<p>_____</p> <p>_____</p>	<p>____/____/____</p> <p>MONTH/YEAR</p> <p>____/____/____</p> <p>MONTH/YEAR</p>	<p>_____ WEEKS.....1</p> <p>_____ MONTHS .....2</p> <p>_____ YEARS .....3</p> <p>_____ WEEKS.....1</p> <p>_____ MONTHS .....2</p> <p>_____ YEARS .....3</p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW CARD E4b</div> <p>YES ..... 1</p> <p>NO ..... 2 (E1c)</p>	<p>_____</p> <p>_____</p>	<p>____/____/____</p> <p>MONTH/YEAR</p> <p>____/____/____</p> <p>MONTH/YEAR</p>	<p>_____ WEEKS.....1</p> <p>_____ MONTHS .....2</p> <p>_____ YEARS .....3</p> <p>_____ WEEKS.....1</p> <p>_____ MONTHS .....2</p> <p>_____ YEARS .....3</p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW CARD E4c</div> <p>YES ..... 1</p> <p>NO ..... 2 (E1d)</p>	<p>_____</p> <p>_____</p>	<p>____/____/____</p> <p>MONTH/YEAR</p> <p>____/____/____</p> <p>MONTH/YEAR</p>	<p>_____ WEEKS.....1</p> <p>_____ MONTHS .....2</p> <p>_____ YEARS .....3</p> <p>_____ WEEKS.....1</p> <p>_____ MONTHS .....2</p> <p>_____ YEARS .....3</p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW CARD E4d</div> <p>YES ..... 1</p> <p>NO ..... 2 (E1e)</p>	<p>_____</p> <p>_____</p>	<p>____/____/____</p> <p>MONTH/YEAR</p> <p>____/____/____</p> <p>MONTH/YEAR</p>	<p>_____ WEEKS.....1</p> <p>_____ MONTHS .....2</p> <p>_____ YEARS .....3</p> <p>_____ WEEKS.....1</p> <p>_____ MONTHS .....2</p> <p>_____ YEARS .....3</p>

<p align="center"><b>E1.</b></p> <p>Before (REFERENCE DATE), did a doctor ever tell you that you had (CONDITION)?</p>	<p align="center"><b>E2.</b></p> <p>In what year did a doctor <u>first</u> tell you that you had (CONDITION)?</p>	<p align="center"><b>E3.</b></p> <p>For this condition, have you ever been hospitalized, had surgery, or been prescribed medication? (CIRCLE ALL THAT APPLY)</p>
<p><b>e. A thyroid problem or any condition requiring thyroid medication or treatment</b></p> <p>YES ..... 1 NO ..... 2 (E1f)</p> <p>E1e(1). What type of problem or condition was this? (CODE ALL THAT APPLY.)</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 10px;"> <p><b>SHOW CARD E1e</b></p> </div> <p>GRAVES' DISEASE.....01 HASHIMOTO'S DISEASE (CHRONIC THYROIDITIS).....02 OVERACTIVE (HYPERACTIVE) .....03 UNDERACTIVE (HYPOACTIVE).....04 GOITER .....05 NODULES .....06 CANCER.....07 LOW METABOLISM.....08 OVERWEIGHT.....09 OTHER (SPECIFY) .....96</p>	<p>19  __ __  19  __ __  19  __ __  19  __ __  19  __ __  19  __ __  19  __ __  19  __ __  19  __ __  19  __ __  YEAR</p>	<p>CONDITION CODE FROM E1  __ __ </p> <p>HOSPITALIZED ..... 1 (E1f) SURGERY ..... 2 (E1f) PRESCRIBED MEDICATION ..... 3 NO TREATMENT ..... 4 (E1f)</p> <p>CONDITION CODE FROM E1  __ __ </p> <p>HOSPITALIZED ..... 1 (E1f) SURGERY ..... 2 (E1f) PRESCRIBED MEDICATION ..... 3 NO TREATMENT ..... 4 (E1f)</p> <p>CONDITION CODE FROM E1  __ __ </p> <p>HOSPITALIZED ..... 1 (E1f) SURGERY ..... 2 (E1f) PRESCRIBED MEDICATION ..... 3 NO TREATMENT ..... 4 (E1f)</p>
<p><b>f. Asthma</b></p> <p>YES ..... 1 NO ..... 2 (E1g)</p>	<p>19  __ __  YEAR</p>	<p>HOSPITALIZED ..... 1 (E1g) SURGERY ..... 2 (E1g) PRESCRIBED MEDICATION ..... 3 NO TREATMENT ..... 4 (E1g)</p>
<p><b>g. Epilepsy</b></p> <p>YES ..... 1 NO ..... 2 (E8)</p>	<p>19  __ __  YEAR</p>	<p>HOSPITALIZED ..... 1 (E8) SURGERY ..... 2 (E8) PRESCRIBED MEDICATION ..... 3 NO TREATMENT ..... 4 (E8)</p>

<p align="center"><b>E4.</b></p> <p>Here is a group of some prescription medications taken for (CONDITION). Thinking of these drugs as a group, before (REFERENCE DATE), did you take any of them at least once a week for 3 months or longer?</p>	<p align="center"><b>E5.</b></p> <p>Which of these medications did you take?</p>	<p align="center"><b>E6.</b></p> <p>When did you <u>start</u> taking (MEDICATION) regularly?</p>	<p align="center"><b>E7.</b></p> <p>For how many weeks, months, or years, in total <u>did you take (MEDICATION)</u> on a regular basis?</p>
<div data-bbox="162 472 284 583" style="border: 1px solid black; padding: 2px; display: inline-block;"> SHOW CARD E4e </div> <div style="margin-left: 20px;"> YES ..... 1  NO ..... 2 (E1f) </div>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="margin-bottom: 20px;"> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> <div style="display: inline-block; vertical-align: bottom;"> MONTH/YEAR </div> </div> <div> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> <div style="display: inline-block; vertical-align: bottom;"> MONTH/YEAR </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> <div style="display: inline-block; vertical-align: bottom;"> # OF </div> </div> <div style="width: 85%;"> WEEKS .....1  MONTHS .....2  YEARS .....3 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 15%;"> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> <div style="display: inline-block; vertical-align: bottom;"> # OF </div> </div> <div style="width: 85%;"> WEEKS .....1  MONTHS .....2  YEARS .....3 </div> </div>
<div data-bbox="162 1176 284 1287" style="border: 1px solid black; padding: 2px; display: inline-block;"> SHOW CARD E4f </div> <div style="margin-left: 20px;"> YES ..... 1  NO ..... 2 (E1g) </div>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="margin-bottom: 20px;"> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> <div style="display: inline-block; vertical-align: bottom;"> MONTH/YEAR </div> </div> <div> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> <div style="display: inline-block; vertical-align: bottom;"> MONTH/YEAR </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> <div style="display: inline-block; vertical-align: bottom;"> # OF </div> </div> <div style="width: 85%;"> WEEKS .....1  MONTHS .....2  YEARS .....3 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 15%;"> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> <div style="display: inline-block; vertical-align: bottom;"> # OF </div> </div> <div style="width: 85%;"> WEEKS .....1  MONTHS .....2  YEARS .....3 </div> </div>
<div data-bbox="162 1497 284 1608" style="border: 1px solid black; padding: 2px; display: inline-block;"> SHOW CARD E4g </div> <div style="margin-left: 20px;"> YES ..... 1  NO ..... 2 (E8) </div>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="margin-bottom: 20px;"> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> <div style="display: inline-block; vertical-align: bottom;"> MONTH/YEAR </div> </div> <div> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> <div style="display: inline-block; vertical-align: bottom;"> MONTH/YEAR </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> <div style="display: inline-block; vertical-align: bottom;"> # OF </div> </div> <div style="width: 85%;"> WEEKS .....1  MONTHS .....2  YEARS .....3 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 15%;"> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> <div style="display: inline-block; vertical-align: bottom;"> # OF </div> </div> <div style="width: 85%;"> WEEKS .....1  MONTHS .....2  YEARS .....3 </div> </div>

<p align="center"><b>E8.</b></p> <p>Before (REFERENCE DATE), did a doctor ever tell you that you had (CONDITION)?</p>	<p align="center"><b>E9.</b></p> <p>In what year did a doctor first tell you that you had (CONDITION)?</p>	<p align="center"><b>E10.</b></p> <p>For this condition, have you ever been hospitalized, had surgery, or been prescribed medication? (CIRCLE ALL THAT APPLY)</p>
<p><b>a. A myocardial infarction or heart attack</b></p> <p>YES ..... 1</p> <p>NO ..... 2 (E8b)</p>	<p>19  __ __ </p> <p align="center">YEAR</p>	<p>HOSPITALIZED ..... 1</p> <p>SURGERY ..... 2</p> <p>PRESCRIBED MEDICATION ..... 3</p> <p>NO TREATMENT ..... 4</p>
<p><b>b. A stroke</b></p> <p>YES ..... 1</p> <p>NO ..... 2 (E8c)</p>	<p>19  __ __ </p> <p align="center">YEAR</p>	<p>HOSPITALIZED ..... 1</p> <p>SURGERY ..... 2</p> <p>PRESCRIBED MEDICATION ..... 3</p> <p>NO TREATMENT ..... 4</p>
<p><b>c. Gallbladder disease</b></p> <p>YES ..... 1</p> <p>NO ..... 2 (E8d)</p>	<p>19  __ __ </p> <p align="center">YEAR</p>	<p>HOSPITALIZED ..... 1</p> <p>SURGERY ..... 2</p> <p>PRESCRIBED MEDICATION ..... 3</p> <p>NO TREATMENT ..... 4</p>
<p><b>d. Phlebitis, pulmonary embolism, or blood clots in your legs or lungs</b></p> <p>YES ..... 1</p> <p>NO ..... 2 (E8e)</p>	<p>19  __ __ </p> <p align="center">YEAR</p>	<p>HOSPITALIZED ..... 1</p> <p>SURGERY ..... 2</p> <p>PRESCRIBED MEDICATION ..... 3</p> <p>NO TREATMENT ..... 4</p>
<p><b>e. Cancer</b></p> <p>YES ..... 1</p> <p>NO ..... 2 (E8f)</p> <p><b>E8e(1). What type?</b></p> <p><b>CODE ALL THAT APPLY.</b></p> <p>BRAIN TUMOR ..... 01</p> <p>BREAST ..... 02</p> <p>CERVICAL ..... 03</p> <p>COLORECTAL ..... 04</p> <p>HODGKIN'S OR NON-HODGKIN'S LYMPHOMA ..... 05</p> <p>LUNG ..... 06</p> <p>MELANOMA ..... 07</p> <p>OVARY ..... 08</p> <p>UTERINE ..... 09</p> <p>OTHER (SPECIFY) ..... 96</p> <p>_____</p>	<p><b>CANCER CODE FROM E8</b></p> <p> __ __ </p> <p>19  __ __ </p> <p align="center">YEAR</p> <p><b>CANCER CODE FROM E8</b></p> <p> __ __ </p> <p>19  __ __ </p> <p align="center">YEAR</p> <p><b>CANCER CODE FROM E8</b></p> <p> __ __ </p> <p>19  __ __ </p> <p align="center">YEAR</p>	<p><b>CANCER CODE FROM E8  __ __ </b></p> <p>HOSPITALIZED ..... 1</p> <p>SURGERY ..... 2</p> <p>PRESCRIBED MEDICATION ..... 3</p> <p>NO TREATMENT ..... 4</p> <p><b>CANCER CODE FROM E8  __ __ </b></p> <p>HOSPITALIZED ..... 1</p> <p>SURGERY ..... 2</p> <p>PRESCRIBED MEDICATION ..... 3</p> <p>NO TREATMENT ..... 4</p> <p><b>CANCER CODE FROM E8  __ __ </b></p> <p>HOSPITALIZED ..... 1</p> <p>SURGERY ..... 2</p> <p>PRESCRIBED MEDICATION ..... 3</p> <p>NO TREATMENT ..... 4</p>
<p><b>f. Polyps in the colon or rectum</b></p> <p>YES ..... 1</p> <p>NO ..... 2 (E11)</p>	<p>19  __ __ </p> <p align="center">YEAR</p>	<p>HOSPITALIZED ..... 1</p> <p>SURGERY ..... 2</p> <p>PRESCRIBED MEDICATION ..... 3</p> <p>NO TREATMENT ..... 4</p>

Now, I would like to ask you about some over-the-counter and prescription medications that are taken for pain or inflammation.

E11. Thinking of (TYPE OF DRUG) as a group, before (REFERENCE DATE), did you ever take any of them at least once a week, for 6 months or longer?	E12. When did you <u>start</u> taking any of these medications at least once a week, for 6 months or longer?	E13. When did you <u>stop</u> taking any of these medications at least once a week, for 6 months or longer?	E14. Before (REFERENCE DATE) how many months or years, in total, did you take any of these medications?	E15. How often did you <u>usually</u> take any of these medications?
<p>a. Over-the-counter medications that contain aspirin</p> <p>YES ... 1 NO ..... 2 (E11b)</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW CARD E11a</div>	<p>19  __ __  YEAR</p> <p>OR</p> <p> __ __  AGE</p>	<p>19  __ __  YEAR</p> <p>OR</p> <p> __ __  AGE</p> <p>CURRENTLY TAKING ..... 9595</p>	<p> __ __  MONTHS ..... 1 # OF YEARS ..... 2</p>	<p> __ __  PER DAY ..... 1 TIMES WEEK ..... 2 MONTH ..... 3</p>
<p>b. Over-the-counter medications that contain acetaminophen</p> <p>YES ... 1 NO ..... 2 (E11c)</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW CARD E11b</div>	<p>19  __ __  YEAR</p> <p>OR</p> <p> __ __  AGE</p>	<p>19  __ __  YEAR</p> <p>OR</p> <p> __ __  AGE</p> <p>CURRENTLY TAKING ..... 9595</p>	<p> __ __  MONTHS ..... 1 # OF YEARS ..... 2</p>	<p> __ __  PER DAY ..... 1 TIMES WEEK ..... 2 MONTH ..... 3</p>
<p>c. Over-the-counter medications that contain ibuprofen</p> <p>YES ... 1 NO ..... 2 (E11d)</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW CARD E11c</div>	<p>19  __ __  YEAR</p> <p>OR</p> <p> __ __  AGE</p>	<p>19  __ __  YEAR</p> <p>OR</p> <p> __ __  AGE</p> <p>CURRENTLY TAKING ..... 9595</p>	<p> __ __  MONTHS ..... 1 # OF YEARS ..... 2</p>	<p> __ __  PER DAY ..... 1 TIMES WEEK ..... 2 MONTH ..... 3</p>
<p>d. These <u>prescription</u> medications</p> <p>YES ... 1 SPECIFY _____ NO ..... 2 (E16)</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW CARD E11d</div>	<p>19  __ __  YEAR</p> <p>OR</p> <p> __ __  AGE</p>	<p>19  __ __  YEAR</p> <p>OR</p> <p> __ __  AGE</p> <p>CURRENTLY TAKING ..... 9595</p>	<p> __ __  MONTHS ..... 1 # OF YEARS ..... 2</p>	<p> __ __  PER DAY ..... 1 TIMES WEEK ..... 2 MONTH ..... 3</p>

Now, I would like to ask you about x-rays or radiation treatments you may have had in the past. X-rays or radiation treatments are generally used for two purposes: to treat medical conditions or to diagnose illnesses and conditions. First, I will ask about x-ray and radiation treatments which you may have had before (REFERENCE DATE).

FOR EACH CONDITION IN E16, ASK E17-E20.

E16. Did you <u>ever</u> have radiation before (REFERENCE DATE) to treat...	E17. When was the condition <u>first</u> diagnosed?	E18. When did the x- ray or radiation treatment for (CONDITION) begin?	E19. Was this with x-rays or some <u>other</u> type of radiation such as radium needles or implants?	E20. How many (TYPE) treatments did you have?
<p>a. A tumor or growth?</p> <p>YES ..... 1</p> <p>NO ..... 2 (E16b)</p> <p>(IF YES, ASK:) What part(s) of your body (was/were) treated? (SPECIFY)</p> <p>_____</p>	<p>____-____ MONTH YEAR</p> <p>OR</p> <p>____ AGE</p>	<p>____-____ MONTH YEAR</p> <p>OR</p> <p>____ AGE</p>	<p>X-RAY ..... 1</p> <p>RADIATION THERAPY ..... 2</p> <p>RADIUM NEEDLES OR IMPLANTS ..... 3</p> <p>OTHER (SPECIFY) ..... 6</p> <p>_____</p>	<p>____</p>
<p>b. Any other illness or condition?</p> <p>YES ..... 1</p> <p>NO ..... 2 (E21)</p> <p>E16b(1). What part(s) of your body (was/were) treated? (SPECIFY) _____</p> <p>CODE ALL THAT APPLY.</p> <p>SKIN PROBLEMS SUCH AS</p> <p>ACNE OR RINGWORM ..... 01</p> <p>TONSILS OR ADENOIDS ..... 02</p> <p>AN ENLARGED THYMUS GLAND ..... 03</p> <p>A THYROID PROBLEM ..... 04</p> <p>BONE OR JOINT PROBLEM SUCH AS BURSITIS, ARTHRITIS OR SCOLIOSIS ..... 05</p> <p>OTHER (SPECIFY) ..... 96</p> <p>E16b(2). <u>And</u> what was the reason for the treatment? (SPECIFY) _____</p>	<p>E16 CODE ____</p> <p>____-____ MONTH YEAR</p> <p>OR</p> <p>____ AGE</p> <p>E16 CODE ____</p> <p>____-____ MONTH YEAR</p> <p>OR</p> <p>____ AGE</p> <p>E16 CODE ____</p> <p>____-____ MONTH YEAR</p> <p>OR</p> <p>____ AGE</p>	<p>____-____ MONTH YEAR</p> <p>OR</p> <p>____ AGE</p> <p>____-____ MONTH YEAR</p> <p>OR</p> <p>____ AGE</p> <p>____-____ MONTH YEAR</p> <p>OR</p> <p>____ AGE</p>	<p>X-RAY ..... 1</p> <p>RADIATION THERAPY ..... 2</p> <p>RADIUM NEEDLES OR IMPLANTS ..... 3</p> <p>OTHER (SPECIFY) ..... 6</p> <p>_____</p> <p>X-RAY ..... 1</p> <p>RADIATION THERAPY ..... 2</p> <p>RADIUM NEEDLES OR IMPLANTS ..... 3</p> <p>OTHER (SPECIFY) ..... 6</p> <p>_____</p> <p>X-RAY ..... 1</p> <p>RADIATION THERAPY ..... 2</p> <p>RADIUM NEEDLES OR IMPLANTS ..... 3</p> <p>OTHER (SPECIFY) ..... 6</p> <p>_____</p>	<p>____</p> <p>____</p> <p>____</p>

Now I will ask you some questions about certain diagnostic x-rays or CAT scans to your trunk that you have ever had in your life before (REFERENCE DATE). By "diagnostic", I mean any x-rays taken to identify or rule out a medical condition or injury. You may not have heard of some of the x-rays I will ask about. I will start with questions about x-rays and then ask questions about CAT scans.

FOR EACH CONDITION IN E21, ASK E22.

<p style="text-align: center;">E21.</p> <p>Before (REFERENCE DATE), did you ever have...</p>	<p style="text-align: center;">E22.</p> <p>How many different times have you ever had this type of x-ray?</p>
<p>a. A fluoroscopy, that is, a type of chest x-ray commonly used for TB patients? (This involves standing behind an x-ray screen while the doctor watches you breathe.)</p> <p>YES ..... 1</p> <p>NO ..... 2 (E21b)</p>	<p style="text-align: center;"> _ _ </p> <p style="text-align: center;">TIMES</p>
<p>b. Any chest x-rays? Do not include mammograms. (For this x-ray you stand behind an x-ray plate and pictures of your chest are taken while you hold your breath.)</p> <p>YES ..... 1</p> <p>NO ..... 2 (E21c)</p>	<p style="text-align: center;"> _ _ </p> <p style="text-align: center;">TIMES</p>
<p>c. An x-ray of your abdomen? (Usually this is done as a general test to check conditions of abdominal organs such as for kidney stone disease.)</p> <p>YES ..... 1</p> <p>NO ..... 2 (E21d)</p>	<p style="text-align: center;"> _ _ </p> <p style="text-align: center;">TIMES</p>
<p>d. An x-ray of your pelvis? Do not include any sonogram or ultrasound that you may have had. (This is an x-ray of the lower stomach or hip area usually taken to check the position of a baby during pregnancy.)</p> <p>YES ..... 1</p> <p>NO ..... 2 (E21e)</p>	<p style="text-align: center;"> _ _ </p> <p style="text-align: center;">TIMES</p>
<p>e. An x-ray of your spine? (Usually this is done to see any abnormality in the spine such as for scoliosis, a condition where the spine is curved.)</p> <p>YES ..... 1</p> <p>NO ..... 2 (E21f)</p>	<p style="text-align: center;"> _ _ </p> <p style="text-align: center;">TIMES</p>
<p>f. An upper GI? (You drink a cup of chalky material called barium and then pictures are taken of your stomach.)</p> <p>YES ..... 1</p> <p>NO ..... 2 (E21g)</p>	<p style="text-align: center;"> _ _ </p> <p style="text-align: center;">TIMES</p>
<p>g. A cholecystogram? (You swallow some pills to prepare for an x-ray of your gallbladder.)</p> <p>YES ..... 1</p> <p>NO ..... 2 (E21h)</p>	<p style="text-align: center;"> _ _ </p> <p style="text-align: center;">TIMES</p>



<p style="text-align: center;">E21.</p> <p>Before (REFERENCE DATE), did you ever have...</p>	<p style="text-align: center;">E22.</p> <p>How many different times have you ever had this type of x-ray?</p>
<p>h. An angiogram or arteriogram? (A catheter is placed in an artery or vein in a leg or arm and passed to the heart where dye is released and pictures of your heart are taken.)</p> <p style="text-align: right;">YES ..... 1</p> <p style="text-align: right;">NO ..... 2 (E21j)</p>	<p style="text-align: center;"> _ _  TIMES</p>
<p>i. A lower GI? (You are given an enema of barium and pictures of your intestines are taken.)</p> <p style="text-align: right;">YES ..... 1</p> <p style="text-align: right;">NO ..... 2 (E21j)</p>	<p style="text-align: center;"> _ _  TIMES</p>
<p>j. An IVP or intravenous pyelogram? (Dye is injected into a vein in your arm and then pictures of your kidneys are taken.)</p> <p style="text-align: right;">YES ..... 1</p> <p style="text-align: right;">NO ..... 2 (E21k)</p>	<p style="text-align: center;"> _ _  TIMES</p>
<p>k. An x-ray of your shoulder? (This x-ray is done when your shoulder is dislocated or injured.)</p> <p style="text-align: right;">YES ..... 1</p> <p style="text-align: right;">NO ..... 2 (E21l)</p>	<p style="text-align: center;"> _ _  TIMES</p>
<p>l. Any other x-ray of your trunk that you have not already told me about for example injuries to rib, spine or chest?</p> <p style="text-align: right;">YES ..... 1</p> <p style="text-align: right;">NO ..... 2 (E21m)</p>	<p style="text-align: center;"> _ _  TIMES</p>
<p>m. Any CAT scan of your chest?</p> <p style="text-align: right;">YES ..... 1</p> <p style="text-align: right;">NO ..... 2 (E21n)</p>	<p style="text-align: center;"> _ _  TIMES</p>
<p>n. Any CAT scan of your abdomen or pelvis?</p> <p style="text-align: right;">YES ..... 1</p> <p style="text-align: right;">NO ..... 2 (E23)</p>	<p style="text-align: center;"> _ _  TIMES</p>

E23. A mammogram is an x-ray taken only of the breasts by a machine that presses the breast between two plastic plates. Before (REFERENCE DATE), did you ever have a mammogram?

YES ..... 1  
NO ..... 2 (E28)

E24. When did you have your first mammogram?

|\_|\_| OR 19 |\_|\_|  
FIRST AGE YEAR

<p>BOX E-1</p> <p>CHECK CALENDAR TO DETERMINE THE YEAR THAT THE SUBJECT REPORTED FIRST MAMMOGRAM. RECORD YEAR HERE:</p> <p>19 _____ YEAR</p>
--

E25. Between (REFERENCE YEAR - 5) and (REFERENCE YEAR), how many times did you have a mammogram?

|\_|\_|  
TIMES  
NONE ..... 00

<p>BOX E-2</p> <p>IF YEAR RECORDED IN BOX E-1 IS WITHIN FIVE YEARS OF REFERENCE DATE, SKIP TO E27. OTHERWISE, CONTINUE.</p>
---

E26. Between (YEAR RECORDED IN BOX E-1) and (REFERENCE YEAR - 5), how many mammograms did you have?

|\_|\_|  
MAMMOGRAMS

E27. When was your last normal mammogram?

|\_|\_| OR 19 |\_|\_|  
AGE YEAR

E28. Before (REFERENCE DATE), did you ever have any breast surgery for any reason, including a breast biopsy, removal of a lump, an aspiration, or enlargement or reduction surgery?

YES ..... 1  
NO ..... 2 (E33)

(ASK E29 THROUGH E32 FOR EACH BREAST SURGERY.)

	E29. In what month and year did you have the (first/next) breast surgery?	E30. Which breast was involved?	E31. What exactly was done during this surgery?	E32. What was found?
1ST	<div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> </div> </div> </div></div>	LEFT ..... 1 RIGHT ..... 2 BOTH ..... 3	A. TOTAL REMOVAL OF BREAST OR MASTECTOMY ..... 01 B. CYST REMOVAL, BIOPSY, LUMPECTOMY, PARTIAL REMOVAL OF BREAST ..... 02 C. ASPIRATION OR NEEDLE BIOPSY ..... 03 D. IMPLANT SURGERY (TISSUE)..... 04 (E29) E. IMPLANT SURGERY (SILICONE)..... 05 (E29) F. IMPLANT SURGERY (SALINE)..... 06 (E29) G. IMPLANT (TYPE-UNKNOWN)..... 07 (E29) H. REDUCTION SURGERY ..... 08 (E29) I. OTHER (SPECIFY) ..... 96 _____	CANCER .....1 CYST .....2 OTHER BENIGN TUMOR .....3 NORMAL TISSUE .....4 OTHER (SPECIFY) .....6 _____ _____ _____
2ND	<div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> </div> </div></div></div>	LEFT ..... 1 RIGHT ..... 2 BOTH ..... 3	A. TOTAL REMOVAL OF BREAST OR MASTECTOMY ..... 01 B. CYST REMOVAL, BIOPSY, LUMPECTOMY, PARTIAL REMOVAL OF BREAST ..... 02 C. ASPIRATION OR NEEDLE BIOPSY ..... 03 D. IMPLANT SURGERY (TISSUE)..... 04 (E29) E. IMPLANT SURGERY (SILICONE)..... 05 (E29) F. IMPLANT SURGERY (SALINE)..... 06 (E29) G. IMPLANT (TYPE-UNKNOWN)..... 07 (E29) H. REDUCTION SURGERY ..... 08 (E29) I. OTHER (SPECIFY) ..... 96 _____	CANCER .....1 CYST .....2 OTHER BENIGN TUMOR .....3 NORMAL TISSUE .....4 OTHER (SPECIFY) .....6 _____ _____ _____
3RD	<div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> </div> </div></div></div>	LEFT ..... 1 RIGHT ..... 2 BOTH ..... 3	A. TOTAL REMOVAL OF BREAST OR MASTECTOMY ..... 01 B. CYST REMOVAL, BIOPSY, LUMPECTOMY, PARTIAL REMOVAL OF BREAST ..... 02 C. ASPIRATION OR NEEDLE BIOPSY ..... 03 D. IMPLANT SURGERY (TISSUE)..... 04 (E29) E. IMPLANT SURGERY (SILICONE)..... 05 (E29) F. IMPLANT SURGERY (SALINE)..... 06 (E29) G. IMPLANT (TYPE-UNKNOWN)..... 07 (E29) H. REDUCTION SURGERY ..... 08 (E29) I. OTHER (SPECIFY) ..... 96 _____	CANCER .....1 CYST .....2 OTHER BENIGN TUMOR .....3 NORMAL TISSUE .....4 OTHER (SPECIFY) .....6 _____ _____ _____

	E29. In what month and year did you have the next breast surgery?	E30. Which breast was involved?	E31. What exactly was done during this surgery?	E32. What was found?
4TH	<div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>/</div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH</div> <div>YEAR</div> </div>	LEFT ..... 1 RIGHT ..... 2 BOTH ..... 3	A. TOTAL REMOVAL OF BREAST OR MASTECTOMY ..... 01 B. CYST REMOVAL, BIOPSY, LUMPECTOMY, PARTIAL REMOVAL OF BREAST ..... 02 C. ASPIRATION OR NEEDLE BIOPSY ..... 03 D. IMPLANT SURGERY (TISSUE)..... 04 (E29) E. IMPLANT SURGERY (SILICONE)..... 05 (E29) F. IMPLANT SURGERY (SALINE)..... 06 (E29) G. IMPLANT (TYPE-UNKNOWN)..... 07 (E29) H. REDUCTION SURGERY ..... 08 (E29) I. OTHER (SPECIFY) ..... 96 _____	CANCER .....1 CYST .....2 OTHER BENIGN TUMOR .....3 NORMAL TISSUE .....4 OTHER (SPECIFY) .....6 _____ _____ _____
5TH	<div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>/</div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH</div> <div>YEAR</div> </div>	LEFT ..... 1 RIGHT ..... 2 BOTH ..... 3	A. TOTAL REMOVAL OF BREAST OR MASTECTOMY ..... 01 B. CYST REMOVAL, BIOPSY, LUMPECTOMY, PARTIAL REMOVAL OF BREAST ..... 02 C. ASPIRATION OR NEEDLE BIOPSY ..... 03 D. IMPLANT SURGERY (TISSUE)..... 04 (E29) E. IMPLANT SURGERY (SILICONE)..... 05 (E29) F. IMPLANT SURGERY (SALINE)..... 06 (E29) G. IMPLANT (TYPE-UNKNOWN)..... 07 (E29) H. REDUCTION SURGERY ..... 08 (E29) I. OTHER (SPECIFY) ..... 96 _____	CANCER .....1 CYST .....2 OTHER BENIGN TUMOR .....3 NORMAL TISSUE .....4 OTHER (SPECIFY) .....6 _____ _____ _____
6TH	<div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>/</div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH</div> <div>YEAR</div> </div>	LEFT ..... 1 RIGHT ..... 2 BOTH ..... 3	A. TOTAL REMOVAL OF BREAST OR MASTECTOMY ..... 01 B. CYST REMOVAL, BIOPSY, LUMPECTOMY, PARTIAL REMOVAL OF BREAST ..... 02 C. ASPIRATION OR NEEDLE BIOPSY ..... 03 D. IMPLANT SURGERY (TISSUE)..... 04 (E29) E. IMPLANT SURGERY (SILICONE)..... 05 (E29) F. IMPLANT SURGERY (SALINE)..... 06 (E29) G. IMPLANT (TYPE-UNKNOWN)..... 07 (E29) H. REDUCTION SURGERY ..... 08 (E29) I. OTHER (SPECIFY) ..... 96 _____	CANCER .....1 CYST .....2 OTHER BENIGN TUMOR .....3 NORMAL TISSUE .....4 OTHER (SPECIFY) .....6 _____ _____ _____

The next questions are about a different time period, that is, only during the past year.

E33. During the past 12 months, have you been diagnosed as having breast cancer?

YES ..... 1  
NO ..... 2 (SECTION F)

E34. Who first noticed the problem which led to the discovery of your breast cancer?



- A. ROUTINE SELF-EXAM..... 01
  - B. ACCIDENTAL SELF DISCOVERY..... 02
  - C. ACCIDENTAL DISCOVERY BY PARTNER..... 03
  - D. ROUTINE PHYSICAL EXAM BY A DOCTOR..... 04
  - E. ROUTINE MAMMOGRAM ..... 05
  - F. SOME OTHER WAY (SPECIFY) ..... 96
- 

E35. In what month and year was that problem first noticed?

|\_|\_| / |\_|\_|  
MONTH YEAR

E36. In what month and year did you first see a doctor about the problem?

|\_|\_| / |\_|\_|  
MONTH YEAR